

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042690

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 375 Primary Registration District No. 4551 Registrar's No. 23

STATE FILE NUMBER

FILED OCT 17 1963

1. PLACE OF DEATH a. COUNTY <u>Wright</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hartville</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Hartville</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> c. CITY OR TOWN <u>Hartville</u> d. STREET ADDRESS (If outside, give location) <u>Home in Hartville</u>	
3. NAME OF DECEASED (Type or print) First <u>Floyd</u> Middle <u>Mullenix</u> Last <u>Mullenix</u>		4. DATE OF DEATH Month <u>October</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-26-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Putnam County, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Miles Mullenix</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Lloyd Mullenix</u> Address <u>Unionville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hyperstatic Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebrovascular degeneration</u> DUE TO (c) <u>C. V. A.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>6:30</u> Month <u>6</u> Day <u>24</u> Year <u>1963</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Death</u>	
20f. CITY, TOWN, OR LOCATION <u>Hartville, Mo.</u>		20g. COUNTY <u>Wright</u>	
20h. STATE <u>Missouri</u>		20i. DATE SIGNED <u>10/5/63</u>	
21. I attended the deceased from <u>6/24/63</u> to <u>Death</u> and last saw him alive on <u>9/10/63</u> Death occurred at <u>6:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>James L. Holmes</u> (Degree or title) 22b. ADDRESS <u>Putnam County, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-6-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Rose Cemetery</u>		23d. LOCATION (City, town, or county) <u>Putnam County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Bergman-Miller-Bledsoe</u>		25. DATE RECD. BY LOCAL REG. <u>10-16-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>		27. DATE <u>10/15/63</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Removal Permit obtained & from Jan 1 Registrar

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max I Miller

Licensed Embalmer No. 4720

P. O. Address Manassas, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.